
Ronald H. Lewis, M.D., Chair
Panel A

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9
10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 800-2018-040708

15 **EHAB FAROUK ABDALAH, M.D.**

OAH No. 2018070424

16 6215 E. Bret Hills Dr.
17 Paradise Valley, AZ 85253

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 **Physician's and Surgeon's Certificate No.**
19 **A 97083**

20 Respondent.

21
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
26 of California (Board). She brought this action solely in her official capacity and is represented in
27 this matter by Xavier Becerra, Attorney General of the State of California, by Keith C. Shaw,
28 Deputy Attorney General.

2. Respondent Ehab Farouk Abdalah, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about August 30, 2006, the Board issued Physician's and Surgeon's Certificate No. A 97083 to Ehab Farouk Abdalah, M.D. The Physician's and Surgeon's Certificate expired on December 31, 2017, and has not been renewed.

JURISDICTION

4. Accusation No. 800-2018-040708 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 16, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-040708 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2018-040708. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2018-040708.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 97083 issued to Respondent Ehab Farouk Abdalah, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years from the effective date of the Decision and Order on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act, except for those drugs listed in Schedules I,

1 IV and V of the Act.

2 Respondent shall not issue an oral or written recommendation or approval to a patient or a
3 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
4 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
5 Respondent forms the medical opinion, after an appropriate prior examination and medical
6 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
7 shall so inform the patient and shall refer the patient to another physician who, following an
8 appropriate prior examination and medical indication, may independently issue a medically
9 appropriate recommendation or approval for the possession or cultivation of marijuana for the
10 personal medical purposes of the patient within the meaning of Health and Safety Code section
11 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
12 Respondent is prohibited from issuing a recommendation or approval for the possession or
13 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
14 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
15 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
16 document in the patient's chart that the patient or the patient's primary caregiver was so
17 informed. Nothing in this condition prohibits Respondent from providing the patient or the
18 patient's primary caregiver information about the possible medical benefits resulting from the use
19 of marijuana.

20 2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO
21 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
22 substances ordered, prescribed, dispensed; administered, or possessed by Respondent, and any
23 recommendation or approval which enables a patient or patient's primary caregiver to possess or
24 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
25 and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and
26 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
27 and 4) the indications and diagnosis for which the controlled substances were furnished.

28 Respondent shall keep these records in a separate file or ledger, in chronological order. All

1 records and any inventories of controlled substances shall be available for immediate inspection
2 and copying on the premises by the Board or its designee at all times during business hours and
3 shall be retained for the entire term of probation.

4 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
5 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
6 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
7 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
8 correcting any areas of deficient practice or knowledge, including the prescribing of controlled
9 substances, and shall be Category I certified. The educational program(s) or course(s) shall be at
10 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
11 requirements for renewal of licensure. Following the completion of each course, the Board or its
12 designee may administer an examination to test Respondent's knowledge of the course.
13 Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in
14 satisfaction of this condition.

15 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
17 advance by the Board or its designee. Respondent shall provide the approved course provider
18 with any information and documents that the approved course provider may deem pertinent.
19 Respondent shall participate in and successfully complete the classroom component of the course
20 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
21 complete any other component of the course within one (1) year of enrollment. The prescribing
22 practices course shall be at Respondent's expense and shall be in addition to the Continuing
23 Medical Education (CME) requirements for renewal of licensure.

24 A prescribing practices course taken after the acts that gave rise to the charges in the
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
26 or its designee, be accepted towards the fulfillment of this condition if the course would have
27 been approved by the Board or its designee had the course been taken after the effective date of
28 this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

3 A professionalism program taken after the acts that gave rise to the charges in the
4 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
5 or its designee, be accepted towards the fulfillment of this condition if the program would have
6 been approved by the Board or its designee had the program been taken after the effective date of
7 this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its
9 designee not later than 15 calendar days after successfully completing the program or not later
10 than 15 calendar days after the effective date of the Decision, whichever is later.

11 7. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
12 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
13 program approved in advance by the Board or its designee. Respondent shall successfully
14 complete the program not later than six (6) months after Respondent's initial enrollment unless
15 the Board or its designee agrees in writing to an extension of that time.

16 The program shall consist of a comprehensive assessment of Respondent's physical and
17 mental health and the six general domains of clinical competence as defined by the Accreditation
18 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
19 Respondent's current or intended area of practice. The program shall take into account data
20 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
21 Accusation(s), and any other information that the Board or its designee deems relevant. The
22 program shall require Respondent's on-site participation for a minimum of three (3) and no more
23 than five (5) days as determined by the program for the assessment and clinical education
24 evaluation. Respondent shall pay all expenses associated with the clinical competence
25 assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee
27 which unequivocally states whether the Respondent has demonstrated the ability to practice
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the
2 scope and length of any additional educational or clinical training, evaluation or treatment for any
3 medical condition or psychological condition, or anything else affecting Respondent's practice of
4 medicine. Respondent shall comply with the program's recommendations.

5 Determination as to whether Respondent successfully completed the clinical competence
6 assessment program is solely within the program's jurisdiction.

7 If Respondent fails to enroll, participate in, or successfully complete the clinical
8 competence assessment program within the designated time period, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. The Respondent shall not resume the practice of medicine
11 until enrollment or participation in the outstanding portions of the clinical competence assessment
12 program have been completed. If the Respondent did not successfully complete the clinical
13 competence assessment program, the Respondent shall not resume the practice of medicine until a
14 final decision has been rendered on the accusation and/or a petition to revoke probation. The
15 cessation of practice shall not apply to the reduction of the probationary time period.]

16 8. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
17 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
18 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
19 licenses are valid and in good standing, and who are preferably American Board of Medical
20 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
21 relationship with Respondent, or other relationship that could reasonably be expected to
22 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
23 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
24 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role

1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
3 signed statement for approval by the Board or its designee.

4 Within 60 calendar days of the effective date of this Decision, and continuing throughout
5 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
6 make all records available for immediate inspection and copying on the premises by the monitor
7 at all times during business hours and shall retain the records for the entire term of probation.

8 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
9 date of this Decision, Respondent shall receive a notification from the Board or its designee to
10 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
11 shall cease the practice of medicine until a monitor is approved to provide monitoring
12 responsibility.

13 The monitor(s) shall submit a quarterly written report to the Board or its designee which
14 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
15 are within the standards of practice of medicine and whether Respondent is practicing medicine
16 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
17 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
18 preceding quarter.

19 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
20 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
21 name and qualifications of a replacement monitor who will be assuming that responsibility within
22 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
23 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified. Respondent shall cease the practice of medicine until a
26 replacement monitor is approved and assumes monitoring responsibility.

27 9. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
28 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the

1 Chief Executive Officer at every hospital where privileges or membership are extended to
2 Respondent, at any other facility where Respondent engages in the practice of medicine,
3 including all physician and locum tenens registries or other similar agencies, and to the Chief
4 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
5 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
6 calendar days.

7 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

8 10. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
9 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
10 advanced practice nurses.

11 11. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
12 governing the practice of medicine in California and remain in full compliance with any court
13 ordered criminal probation, payments, and other orders.

14 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
15 under penalty of perjury on forms provided by the Board, stating whether there has been
16 compliance with all the conditions of probation.

17 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
18 of the preceding quarter.

19 13. GENERAL PROBATION REQUIREMENTS.

20 Compliance with Probation Unit

21 Respondent shall comply with the Board's probation unit.

22 Address Changes

23 Respondent shall, at all times, keep the Board informed of Respondent's business and
24 residence addresses, email address (if available), and telephone number. Changes of such
25 addresses shall be immediately communicated in writing to the Board or its designee. Under no
26 circumstances shall a post office box serve as an address of record, except as allowed by Business
27 and Professions Code section 2021(b).

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1 Place of Practice

2 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
3 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
4 facility.

5 License Renewal

6 Respondent shall maintain a current and renewed California physician's and surgeon's
7 license.

8 Travel or Residence Outside California

9 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
10 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
11 (30) calendar days.

12 In the event Respondent should leave the State of California to reside or to practice,
13 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
14 departure and return.

15 14. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
16 available in person upon request for interviews either at Respondent's place of business or at the
17 probation unit office, with or without prior notice throughout the term of probation.

18 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
19 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
20 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
21 defined as any period of time Respondent is not practicing medicine as defined in Business and
22 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
23 patient care, clinical activity or teaching, or other activity as approved by the Board. If
24 Respondent resides in California and is considered to be in non-practice, Respondent shall
25 comply with all terms and conditions of probation. All time spent in an intensive training
26 program which has been approved by the Board or its designee shall not be considered non-
27 practice and does not relieve Respondent from complying with all the terms and conditions of
28 probation. Practicing medicine in another state of the United States or Federal jurisdiction while

1 on probation with the medical licensing authority of that state or jurisdiction shall not be
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
3 period of non-practice.

4 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
5 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
6 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
7 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
8 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

9 Respondent's period of non-practice while on probation shall not exceed two (2) years.

10 Periods of non-practice will not apply to the reduction of the probationary term.

11 Periods of non-practice for a Respondent residing outside of California will relieve
12 Respondent of the responsibility to comply with the probationary terms and conditions with the
13 exception of this condition and the following terms and conditions of probation: Obey All Laws;
14 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
15 Controlled Substances; and Biological Fluid Testing.

16 16. COMPLETION OF PROBATION. Respondent shall comply with all financial
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall
19 be fully restored.

20 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
21 of probation is a violation of probation. If Respondent violates probation in any respect, the
22 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
23 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
24 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
25 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
26 the matter is final.

27 18. LICENSE SURRENDER. Following the effective date of this Decision, if
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

1 the terms and conditions of probation, Respondent may request to surrender his or her license.
2 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
3 determining whether or not to grant the request, or to take any other action deemed appropriate
4 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
5 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
6 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
7 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
8 application shall be treated as a petition for reinstatement of a revoked certificate.

9 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
10 with probation monitoring each and every year of probation, as designated by the Board, which
11 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
12 California and delivered to the Board or its designee no later than January 31 of each calendar
13 year.

14 ACCEPTANCE

15 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
16 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
17 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
18 agree to be bound by the Decision and Order of the Medical Board of California.

19
20 DATED: 9/28/2018



21 EHAB FAROUK ABDALAH, M.D.
22 Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: October 1, 2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KEITH C. SHAW
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-040708

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 16 20 18
BY K. Voong ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Case No. 800-2018-040708

EHAB FAROUK ABDALAH, M.D.

A C C U S A T I O N

6745 N. 93rd Avenue #1104
Glendale, AZ 85305

**Physician's and Surgeon's Certificate
No. A 97083,**

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about August 30, 2006, the Medical Board issued Physician's and Surgeon's Certificate Number A 97083 to Ehab Farouk Abdalah, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on December 31, 2017, and has not been renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

A. Section 2227 of the Code provides in part that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any

1 licensee who has been found guilty under the Medical Practice Act, and may recover the
2 costs of probation monitoring.

3 B. Section 2305 of the Code provides, in part, that the revocation, suspension,
4 or other discipline, restriction, or limitation imposed by another state upon a license or
5 certificate to practice medicine issued by that state, or the revocation, suspension, or
6 restriction of the authority to practice medicine by any agency of the federal government,
7 that would have been grounds for discipline in California of a licensee under this chapter,
8 shall constitute grounds for disciplinary action for unprofessional conduct against the
9 licensee in this state.

10 C. Section 141 of the Code provides:

11 “(a) For any licensee holding a license issued by a board under the jurisdiction of
12 the department, a disciplinary action taken by another state, by any agency of the
13 federal government, or by another country for any act substantially related to the
14 practice regulated by the California license, may be a ground for disciplinary action
15 by the respective state licensing board. A certified copy of the record of the
16 disciplinary action taken against the licensee by another state, an agency of the
17 federal government, or another country shall be conclusive evidence of the events
18 related therein.

19 “(b) Nothing in this section shall preclude a board from applying a specific
20 statutory provision in the licensing act administered by that board that provides for
21 discipline based upon a disciplinary action taken against the licensee by another state,
22 an agency of the federal government, or another country.”

23 CAUSE FOR DISCIPLINE

24 (Discipline, Restriction, or Limitation Imposed by Another State)

25 4. On February 2, 2018, the Arizona Medical Board (Arizona Board) issued an Interim
26 Consent Agreement (Agreement) regarding Respondent’s license to practice medicine in the State
27 of Arizona. The Agreement contains the following stipulated factual findings:

28 **Patient JD**

- 29 a. Respondent treated Patient JD (JD) intermittently from April 7, 2009 through May
30 2016, during which time Respondent prescribed methadone¹ and oxycodone² to JD
31 for pain management;

32 ¹ Methadone is an opioid used to treat severe pain and drug addiction.

² Oxycodone is an opioid used to treat moderate to severe pain.

- 1 b. Between February 1, 2013 to October 25, 2013, JD received prescriptions for
2 hydrocodone³, clonazepam⁴, and oxycodone in increasing dosages from another
3 provider, then returned to Respondent's care on September 16, 2013, where he
4 continued to receive oxycodone and methadone for pain management;
- 5 c. Between September and October 2014, JD received three (3) oxycodone
6 prescriptions and a prescription for Tramadol⁵ from three (3) different providers,
7 then returned to Respondent's care on November 6, 2014, where he continued to
8 receive oxycodone and methadone for pain management;
- 9 d. On March 17, 2015, JD's wife called Respondent's staff and informed them that
10 JD was snorting his medication and drinking alcohol. On March 31, 2015,
11 Respondent saw JD, at which time JD denied his wife's allegations. However,
12 Respondent failed to document this conversation, as well as the March 17, 2015
13 phone call from JD's wife;
- 14 e. JD subsequently underwent inpatient detoxification and was discharged on
15 Suboxone⁶ in May 2015. Following JD's discharge, he was issued prescriptions
16 for methadone and oxycodone from Respondent's nurse practitioner, while at the
17 same time receiving Suboxone from his primary care physician. On July 15, 2015,
18 Respondent discharged JD as a patient for violating his pain contract.
- 19 f. In March 2016, Respondent reestablished care with JD, who had not received
20 Suboxone for several months or opioids for over one month. Respondent's nurse
21 practitioner prescribed JD oxycodone twice that month. Respondent then
22 prescribed oxycodone 10/325 #90 on April 11, 2016. On May 11, 2016,
23 Respondent's nurse practitioner prescribed JD oxycodone 10/325 #60 and
24 methadone 10 mg #60.

26 ³ Hydrocodone is an opioid used to treat pain.

27 ⁴ Clonazepam is a sedative used to treat seizures, panic disorder and anxiety.

28 ⁵ Tramadol is an opioid used to treat moderate to moderately severe pain.

⁶ Suboxone is a milder opioid used to treat opioid addiction.

- 1 g. On May 19, 2016, JD was found dead due to methadone and oxycodone
2 intoxication.

3 **Patients EE, LM and RB**

- 4 h. Patient EE (EE) was treated by Respondent for chronic pain and prescribed
5 Percocet and Fentanyl patches, as well as lumbar epidural injections and facet joint
6 blocks;
7 i. Patient LM (LM) was treated by Respondent in May 2012 for pain management,
8 which included lumbar epidural injections, as well as prescribing Gabapentin⁷,
9 Tramadol, Percocet⁸, Fentanyl⁹, morphine sulfate, and oxycodone;
10 j. Patient RB (RB) received care from Respondent in March 2013, during which time
11 his treatment included medical management with oxycodone and other pain
12 medications, as well as lumbar epidural injections.

13 **Deviations from the Standard of Care**

- 14 k. A medical consultant reviewed Respondent's care of all patients, and found that
15 Respondent prescribed a rapidly escalating morphine equivalent dosing (MED) of
16 opioids. Specifically, it was concluded that when Respondent initiated Fentanyl
17 for EE along with a continuation of Percocet, this represented a 320% MED
18 increase. Similarly for LM, Respondent's adjustment to her dosages of Fentanyl
19 and Percocet equated to a 237% MED increase;
20 l. Respondent's records were incomplete or blank for dates controlled substances
21 were prescribed for all patients, and it was found that Respondent's documentation
22 placed patients at risk in multiple instances;
23 m. The Medical Consultant noted multiple deviations from the standard of care in the
24 treatment of JD, and actual harm was identified in that he overdosed as a result of

25
26 ⁷ Gabapentin is a nerve pain medication.

27 ⁸ Percocet is a combination of oxycodone and acetaminophen used to treat moderate to
28 severe pain.

⁹ Fentanyl is an opioid used to treat severe pain and can cause respiratory distress and
death when taken in high doses or when combined with other substances.

1 methadone and oxycodone toxicity. All patients were identified for potential
2 harm, including medication abuse and diversion. Respondent's escalation of
3 opioid dosages and failure to address abnormal urine drug screens deviated from
4 the standard of care.

5 A true and correct copy of the Agreement issued by the Arizona Board is attached as Exhibit A.

6 5. Pursuant to the Agreement, Respondent's license to practice medicine in the State of
7 Arizona is subject to the following terms:

- 8 a. Respondent is prohibited from prescribing controlled substances in the State of
9 Arizona until he has retained a practice monitor. The practice monitor shall be
10 responsible for ensuring that Respondent's controlled substances prescribing
11 practices are in accordance with current guidelines;
- 12 b. This Agreement will remain in place until the Arizona Board determines it is
13 appropriate to release Respondent from this Agreement.

14 6. Respondent's conduct and the action of the Arizona Board, as set forth in paragraphs
15 4 and 5 above, constitute cause for discipline pursuant to sections 2305 and/or 141 of the Code.

16 **DISCIPLINARY CONSIDERATIONS**

17 7. To determine the degree of discipline, if any, to be imposed on Respondent Ehab
18 Farouk Abdalah, M.D., Complainant alleges that on or about September 30, 2010, in a prior
19 disciplinary action entitled In the Matter of the Accusation Against Ehab Farouk Abdalah, M.D.
20 before the Medical Board of California, in Case Number 16-2009-203767, Respondent's license
21 was Publicly Reprimanded, which was based on an out-of-state disciplinary Agreement issued by
22 the Arizona Medical Board finding that Respondent knowingly made misstatements or omissions
23 on hospital staff privilege applications. That decision is now final and is incorporated by
24 reference as if fully set forth herein.

25 **PRAYER**

26 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Board issue a decision:
28

- 1 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 97083,
- 2 issued to Ehab Farouk Abdalah, M.D.;
- 3 2. Revoking, suspending or denying approval of Ehab Farouk Abdalah, M.D.'s authority
- 4 to supervise physician assistants and advanced practice nurses;
- 5 3. Ordering Ehab Farouk Abdalah, M.D., if placed on probation, to pay the Board the
- 6 costs of probation monitoring; and
- 7 4. Taking such other and further action as deemed necessary and proper.

8
9 DATED: May 16, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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EXHIBIT A

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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

EHAB F. ABDALAH, M.D.

Holder of License No. 36239
For the Practice of Allopathic Medicine
In the State of Arizona.

Case No. MD-16-0856A

INTERIM CONSENT AGREEMENT
FOR PRACTICE RESTRICTION

INTERIM CONSENT AGREEMENT

Ehab F. Abdalah, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Consent Agreement for Practice Restriction and consents to the entry of this Order by the Arizona Medical Board ("Board").

INTERIM FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 36239 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-16-0856A after receiving a complaint regarding Respondent's care and treatment of a 49 year-old male patient ("JD") alleging inappropriate prescribing of controlled substances with subsequent patient death.

Patient JD

4. JD established care with Respondent on April 7, 2009 and Respondent started JD on oxycodone 15mg. In June 2009, Respondent prescribed methadone 10mg, before JD requested to go back on Percocet in August 2009.

5. Between February 1, 2013 and October 25, 2013, JD received prescriptions for hydrocodone, clonazepam and oxycodone from a primary care physician. JD's

1 Controlled Substances Prescription Monitoring Program ("CSPMP") report shows that the
2 prescriptions were written in increasing dosages during this time.

3 6. JD re-initiated treatment with Respondent on September 16, 2013, when
4 Respondent treated JD with oxycodone and methadone for pain management.

5 7. JD did not receive any controlled substance prescriptions between February
6 and September, 2014. Between September and October, 2014, JD received three
7 oxycodone prescriptions and a prescription for tramadol from three different prescribers.

8 8. On November 6, 2014, JD returned to Respondent who continued to treat JD
9 with oxycodone and methadone.

10 9. On March 17, 2015, JD's wife informed the staff that JD was snorting his
11 medication and he was drinking alcohol. On March 31, 2015, Respondent saw JD who
12 denied his wife's report; however, there is no documentation stating that the wife had
13 called and reported that the patient was snorting his medication or that he spoke with JD
14 regarding the March 17 phone call.

15 10. JD subsequently underwent inpatient detoxification and was discharged on
16 Suboxone. Between JD's discharge of May, 2015 and November, 2015, he obtained
17 Suboxone from three different providers. On July 15, 2015, Respondent discharged JD as
18 a patient for violating his pain contract.

19 11. JD re-established care with Respondent's practice for two months beginning
20 in May, 2015 when he was issued prescriptions for methadone and oxycodone under the
21 DEA number for one of the Nurse Practitioners employed by Respondent. At the same
22 time JD was receiving Suboxone from his primary care physician. Billing records for these
23 dates attributed JD's care to Respondent.

24 12. JD again re-established care with Respondent in March, 2016. At the time of
25 his initial visit, JD had not received any Suboxone for several months, and had not

1 received any prescribed opioids for over a month. Another Nurse Practitioner employed
2 by Respondent prescribed JD oxycodone twice in that month. Respondent saw JD on
3 April 11, 2016 and prescribed oxycodone 10/325 #90. On May 11, 2016, Respondent's
4 Nurse Practitioner prescribed JD oxycodone 10/325 #60 and methadone 10 mg #60.

5 13. On May 19, 2016, JD was found dead. His cause of death was listed as
6 methadone and oxycodone intoxication.

7 **Patients EE, LM and RB**

8 14. Patient EE, an established female patient, was treated by Respondent for
9 chronic pain related to multiple medical conditions. Respondent prescribed EE
10 medications including Percocet and Fentanyl patches, and provided lumbar epidural
11 injections and facet joint blocks.

12 15. Patient LM, a 43 year-old female patient, established care with Respondent
13 in May, 2012 for pain management. Respondent's treatment included lumbar epidural
14 injections, as well as medication management including Gabapentin, Tramadol, Percocet
15 and later Fentanyl, Morphine sulfate and Oxycodone.

16 16. Patient RB, a 58 year-old female, established care with Respondent in
17 March, 2013. Respondent's treatment of RB included medication management with
18 Oxycodone and Flexeril, as well as Lumbar epidural injections.

19 **Deviations from the Standard of Care**

20 17. A Medical Consultant ("MC") who reviewed Respondent's care of these
21 patients found that Respondent demonstrated a pattern of rapidly escalating the daily
22 morphine equivalent dosing ("MED") of opioids when starting extended-release opioids.
23 The MC found that when Respondent initiated Fentanyl for EE along with continuation of
24 Percocet, this represented a 320% MED increase. Similarly for patient LM, Respondent's
25

1 decision to adjust her dosages of Fentanyl and Percocet represented a 237% MED
2 increase in LM's opioid regimen.

3 18. For all patients reviewed, the MC found instances where Respondent's
4 procedure notes are incomplete or blank for dates that controlled substances were
5 prescribed.

6 19. The MC noted multiple deviations from the standard of care including failure
7 of oversight and management for Patient JB. Additionally, the MC found multiple
8 instances where Respondent's documentation put patients at risk. Lastly, the MC found
9 that Respondent's escalation of opioid dosages and failure to address aberrant urine drug
10 screens deviated from the standard of care.

11 20. Actual harm was identified in that Patient JD died of methadone and
12 oxycodone toxicity. All patients were at risk for potential harm including medication abuse
13 and diversion.

14 21. The aforementioned information was presented to the investigative staff, the
15 medical consultant and the lead Board member. All reviewed the information and concur
16 that the interim consent agreement to restrict Respondent's controlled substance
17 prescribing pending the outcome of a formal interview or formal hearing is appropriate.

18 22. The investigation into this matter is pending Board review.

19 **INTERIM CONCLUSIONS OF LAW**

20 1. The Board possesses jurisdiction over the subject matter hereof and over
21 Respondent.

22 2. Pursuant to A.R.S. § 32-1405(C)(25) the Executive Director has authority to
23 enter into a consent agreement when there is evidence of danger to the public health and
24 safety.

25

3. Pursuant to A.A.C. R4-16-504, the Executive Director may enter into an interim consent agreement when there is evidence that a restriction is needed to mitigate imminent danger to the public's health and safety. Investigative staff, the Board's medical consultant and the lead Board member have reviewed the case and concur that an interim consent agreement is appropriate.

INTERIM ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is prohibited from prescribing controlled substances in the State of Arizona until Respondent has retained a practice monitor as set forth herein. Respondent shall submit the name of a practice monitor who is an Arizona physician licensed and in good standing with the Board. The practice monitor shall be responsible for ensuring that Respondent's controlled substance prescribing practices are in accordance with current guidelines; namely that Respondent is utilizing appropriate patient assessments, responsible dosing of controlled substances and conscientious patient oversight. Respondent shall agree to allow the monitor to view his interactions with any and all patients and patient records as deemed appropriate by the monitor. The monitor shall provide written reports to the Board on a monthly basis or at any time the monitor has concerns regarding Respondent's safety to practice. Respondent shall be responsible for all expenses relating to the practice monitor and preparation of the monthly reports.

2. Respondent may request, in writing, release and/or modification of this Interim Consent Agreement. The Executive Director, in consultation with and agreement of the lead Board member and the Chief Medical Consultant, has the discretion to determine whether it is appropriate to release Respondent from this Interim Consent Agreement.

3. The Board retains jurisdiction and may initiate new action based upon any violation of this Interim Consent Agreement, including, but not limited to, summarily

1 suspending Respondent's license.

2 4. Because this is an Interim Consent Agreement and not a final decision by
3 the Board regarding the investigation, it is subject to further consideration by the Board.

4 5. This Interim Consent Agreement shall be effective on the date signed by the
5 Board's Executive Director.

6 DATED this 2nd day of February, 2018.

7 ARIZONA MEDICAL BOARD

8 By Patricia E. McSorley
9 Patricia E. McSorley
10 Executive Director

11 RECITALS

12 Respondent understands and agrees that:

13 1. The Board, through its Executive Director, may adopt this Interim Consent
14 Agreement, or any part thereof, pursuant to A.R.S. § 32-1405(C)(25) and A.A.C. R4-16-
15 504.

16 2. Respondent has read and understands this Interim Consent Agreement as
17 set forth herein, and has had the opportunity to discuss this Interim Consent Agreement
18 with an attorney or has waived the opportunity to discuss this Interim Consent Agreement
19 with an attorney. Respondent voluntarily enters into this Interim Consent Agreement and
20 by doing so agrees to abide by all of its terms and conditions.

21 3. By entering into this Interim Consent Agreement, Respondent freely and
22 voluntarily relinquishes all rights to an administrative hearing on the matters set forth
23 herein, as well as all rights of rehearing, review, reconsideration, appeal, judicial review or
24
25

1 any other administrative and/or judicial action, concerning the matters related to the
2 Interim Consent Agreement.

3 4. Respondent understands that this Interim Consent Agreement does not
4 constitute a dismissal or resolution of this matter or any matters that may be currently
5 pending before the Board and does not constitute any waiver, express or implied, of the
6 Board's statutory authority or jurisdiction regarding this or any other pending or future
7 investigations, actions, or proceedings. Respondent also understands that acceptance of
8 this Interim Consent Agreement does not preclude any other agency, subdivision, or
9 officer of this State from instituting civil or criminal proceedings with respect to the conduct
10 that is the subject of this Interim Consent Agreement. Respondent further does not
11 relinquish his/her rights to an administrative hearing, rehearing, review, reconsideration,
12 judicial review or any other administrative and/or judicial action, concerning the matters
13 related to a final disposition of this matter, unless he/she affirmatively does so as part of
14 the final resolution of this matter.
15

16 5. Respondent acknowledges and agrees that upon signing this Interim
17 Consent Agreement and returning it to the Board's Executive Director, Respondent may
18 not revoke his/her acceptance of this Interim Consent Agreement or make any
19 modifications to it. Any modification of this original document is ineffective and void unless
20 mutually approved by the parties in writing.

21 6. Respondent understands that this Interim Consent Agreement shall not
22 become effective unless and until it is signed by the Board's Executive Director.

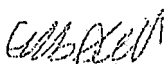
23 7. Respondent understands and agrees that if the Board's Executive Director
24 does not adopt this Interim Consent Agreement, he will not assert in any future
25

1 proceedings that the Board's consideration of this Interim Consent Agreement constitutes
2 bias, prejudice, prejudgment, or other similar defense.

3 8. Respondent understands that this Interim Consent Agreement is a public
4 record that may be publicly disseminated as a formal action of the Board, and that it shall
5 be reported as required by law to the National Practitioner Data Bank.

6 9. Respondent understands that this Interim Consent Agreement does not
7 alleviate his responsibility to comply with the applicable license-renewal statutes and rules.
8 If this Interim Consent Agreement remains in effect at the time Respondent's allopathic
9 medical license comes up for renewal, he/she must renew his license if Respondent
10 wishes to retain his/her license. If Respondent elects not to renew his license as
11 prescribed by statute and rule, Respondent's license will not expire but rather, by
12 operation of law (A.R.S. § 32-3202), become suspended until the Board takes final action
13 in this matter. Once the Board takes final action, in order for Respondent to be licensed in
14 the future, he must submit a new application for licensure and meet all of the requirements
15 set forth in the statutes and rules at that time.

17 10. Respondent understands that any violation of this Interim Consent
18 Agreement constitutes unprofessional conduct under A.R.S. § 32-1401(27)(r) ("[v]iolating a
19 formal order, probation, consent agreement or stipulation issued or entered into by the
20 board or its executive director under this chapter.").

21 
22 _____
23 EHAB F. ABDALAH, M.D.

21 2/2/2018
22 DATED: _____

24 EXECUTED COPY of the foregoing e-mailed
25 this 2nd day of February, 2018 to:

1 Maria Nutile
2 Nutile Law and Associates
3 7395 S Pecos Rd, Suite 103
4 Las Vegas, NV 89120
5 Attorney for Respondent

6 ORIGINAL of the foregoing filed
7 this 2nd day of February 2018 with:

8 Arizona Medical Board
9 1740 W. Adams St., Suite 4000
10 Phoenix AZ 85007

11 Mary Boben
12 Board staff